State of California **Department of Veterans Affairs**

Division of Farm and Home Purchases

CONSENT TO ENCUMBER

Contract Purchaser's Name:			Contract Number:	
Contra	act Property Address:			
Lende	r Name:		Lender Account #:	
Addre	ss:		Contact Person:	
City: _	State:	Zip Code:	Title Contact Person:	
1. Tota	al amount of the encumbrance to	be issued:		
2. Are	there any existing note(s) & deed	d(s) of trust recorded against th	e Property (not including the CalVet Contract)? Yes No	
	Will proceeds from this loan pay	existing junior lienholder(s)?	Yes No No	
	Are they to be paid in full from the	ne proceeds of this loan?	Yes No No	
New	Lender's Authorized Signature _		Phone:	
APPR	OVAL – CONSENT TO ENCUME	BER		
	epartment of Veterans Affairs will ered CalVet purchase contract ur		rust against the property described in the above- nditions:	
The co	ontract purchaser agrees that:			
a) b)	All monies obtained under this All labor or material liens arisin contract purchaser.	•	for a lawful purpose. es on the contract property will be satisfied by the	
now h		reason of increases in the Cal\	nny interest the Department of Veterans Affairs may let loan balance resulting from advances for pay-	
	nder further agrees to provide Ca er party.	alVet with the name and addres	s of assignee if the Note/Trust Deed is assigned to	
	epartment agrees to notify the le	nder 30 days in advance of dec	laring this CalVet contract in default and issuing its	
	DEPARTMENT USE ONLY OVAL-CONSENT TO EN	UNCUMBER TO I	☐ MPROVE	
			Date:	
	NOTE: PLE	ASE READ THE INSTRUCTION	NS ON THE OTHER SIDE	

M-44FAX Page 1 (5/01)

State of California Department of Veterans Affairs

Division of Farm and Home Purchases

CONSENT TO ENCUMBER

REQUEST FOR DEPARTMENT'S CONSENT

Contract No			
CALVET PURCHASER AND SPOUSE COMPLETE THE FOLLOWING:			
1. I request consent: To encumber my CalVet Property and/or To improve my CalVet Property			
2. If you are going to improve the property, please submit a description of the improvement(s). If the improvements include structural alterations or additions, submit plans or a detailed sketch with dimensions. This information is needed for insurance valuation purposes.			
Note: Necessary permits must be obtained from your City or County prior to the start of the property improvements.			
3. An increase in insurance coverage should be necessary only if you are adding improvements or if the existing structure is underinsured. Please notify us if you want to increase your insurance coverage.			
4. There is a nonrefundable fee of \$25.00 for providing this service. If this form is faxed, the fee will be charged to your monthly statement and will be payable with your regular installment. If the form is mailed, you must include a check or money order made payable to CDVA.			
Date: Signature of Purchaser			
Signature of Spouse			
INSTRUCTIONS:			
BROKERS: DO NOT COMPLETE THIS FORM IF YOU ARE NOT GOING TO BE THE LENDER. HAVE LENDER COMPLETE ALL OF THE LENDER INFORMATION.			
If the form is not completely filled in, it will be returned. Please make sure it is complete and signed.			
Please allow three to five days to process the Consent form.			
You may Fax this form to (916) 651-9090. If you are unable to fax the form, please mail it to:			
CalVet Home Loans/Consent to Encumber 1227 O Street Sacramento, CA 95814			
A copy of the Consent form with the Loss Payable Endorsement, if required, will be returned to you by mail.			

cc: Contract Purchaser Sacramento HQ